15th Texas HIV/STD Conference
Roundtable Discussion
Tuesday, December 12, 2006

The Medical Monitoring Project (MMP)

a multi-stage probability sample of
HIV infected adults in care

City - State MMP

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What is MMP?

❖ A survey and medical chart review about the experiences and needs of people living with HIV and AIDS in the US

– Behaviors

– Clinical outcomes

– Type and quality of care received

– Identify met and unmet needs for HIV care and prevention services

Medical Monitoring Project Goals

❖ Provide local and national estimates for the population in care for HIV;

❖ Determine health-related behaviors and access to and use of prevention and support services;

❖ Gain knowledge of care and treatment provided;

❖ Examine variations of factors by geographic area and patient characteristics.
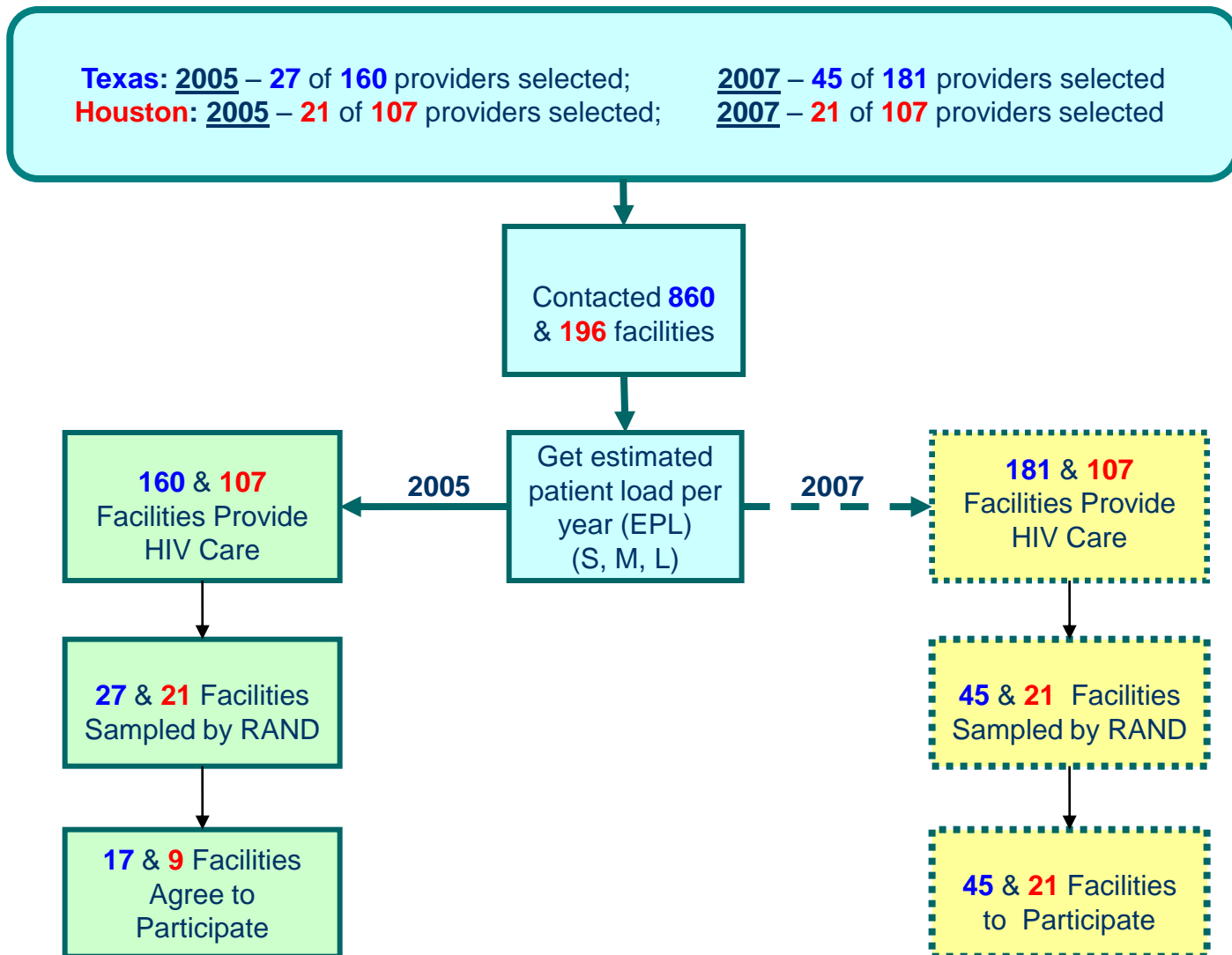
Goal of MMP Roundtable:

❖ Describe a multi-stage probability sampling project of adults in care for HIV in the US

❖ How, if done correctly, it will provide population-based estimates

❖ But its success is dependent on many caveats
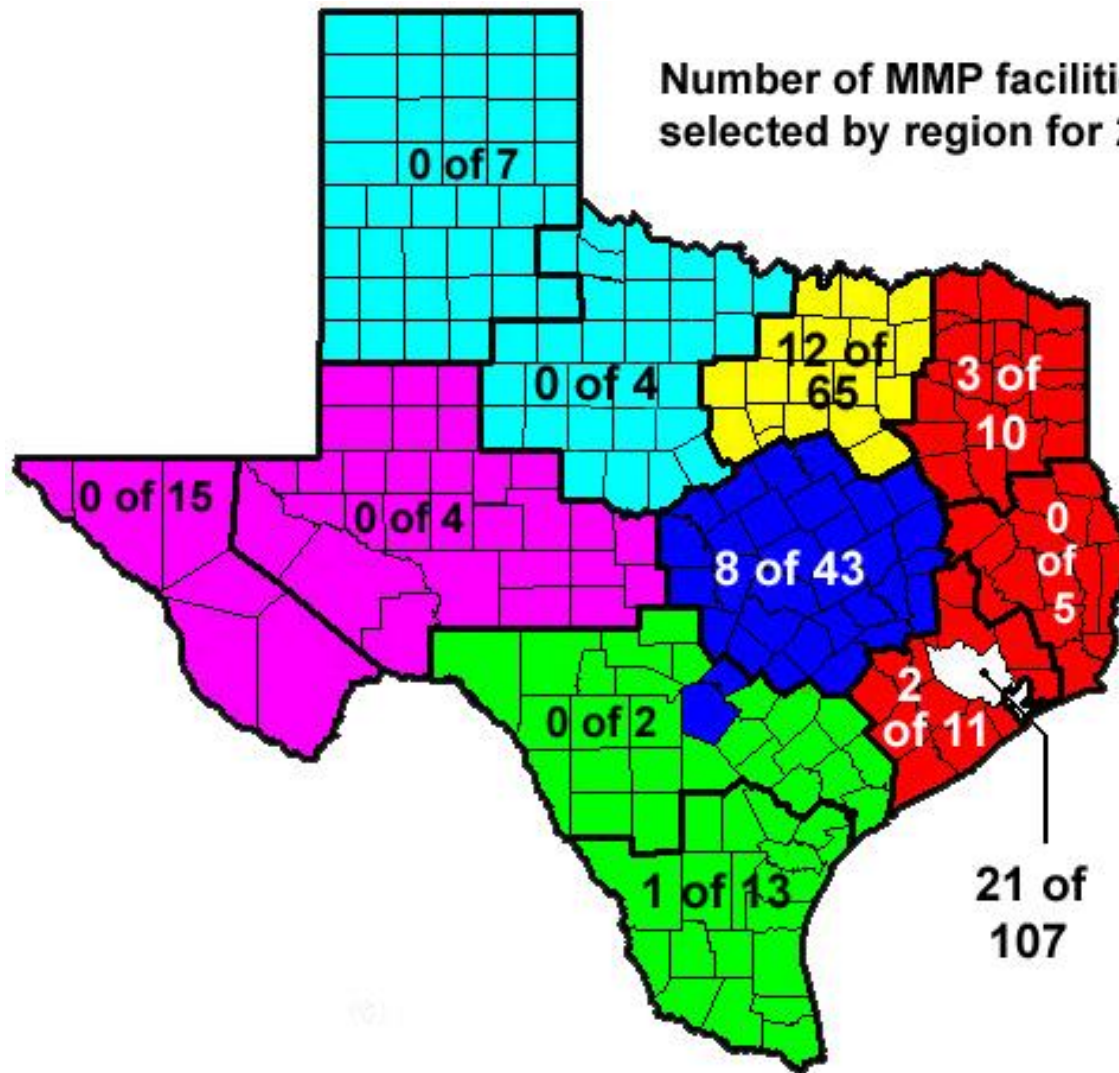
First Stage – States and Cities Selected

20 states & 6 cities sampled
AIDS prevalence (probability proportionate to size – S, M, L)
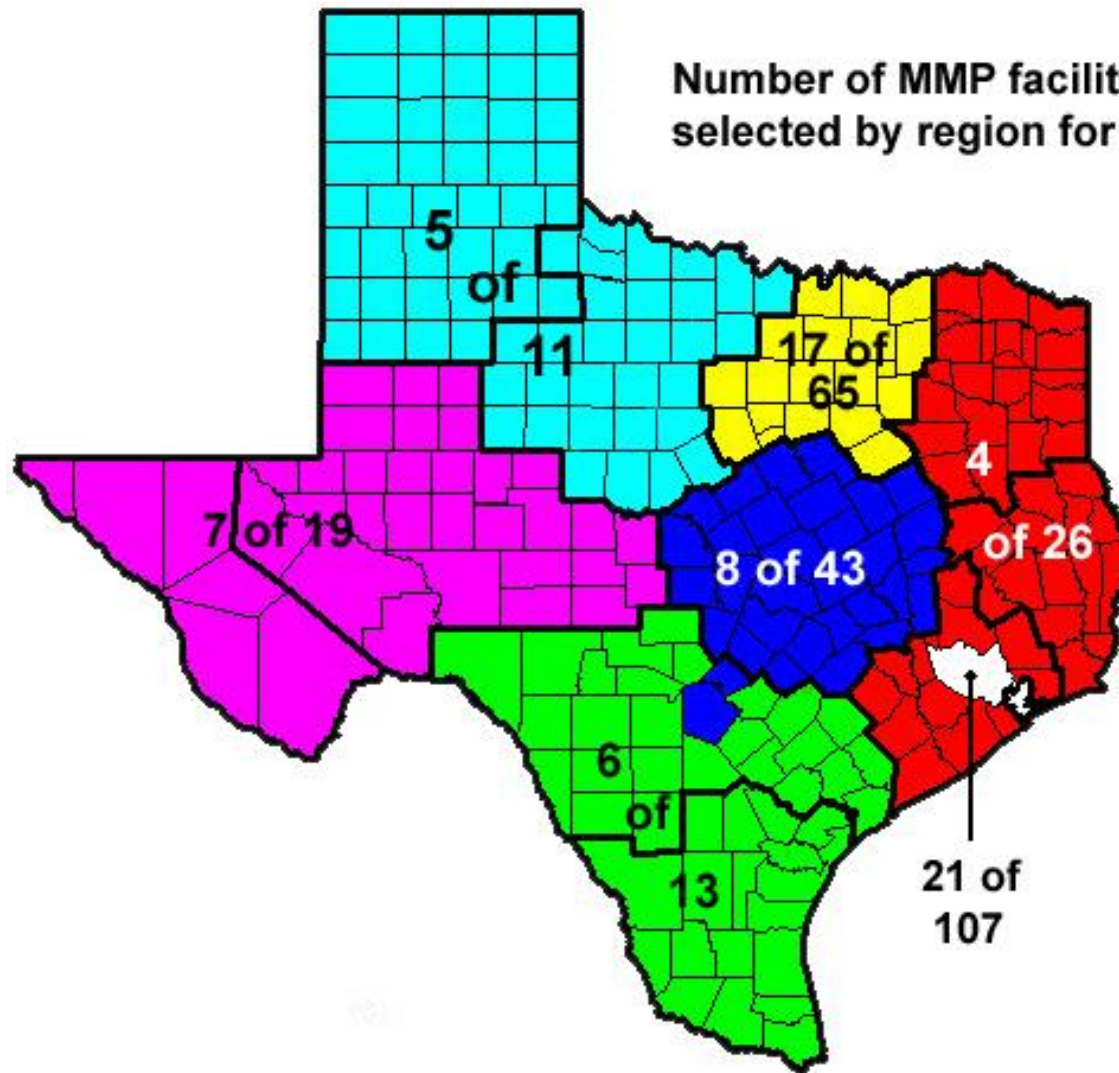Texas and Houston – two large sites
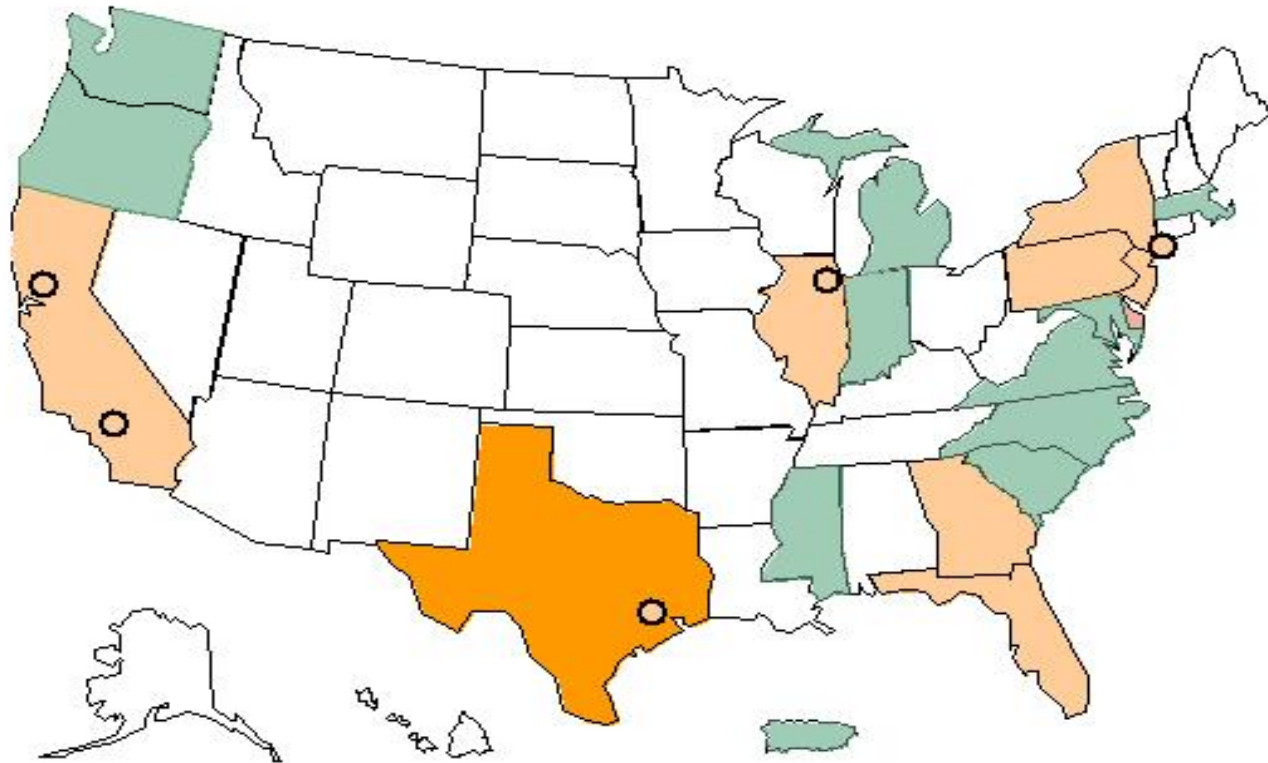
Second Stage – HIV Care Providers Selected

Texas: 2005 – **27** of **160** providers selected;   **2007** – **45** of **181** providers selected
Houston: 2005 – **21** of **107** providers selected;   **2007** – **21** of **107** providers selected

Contacted **860** & **196** facilities

Get estimated patient load per year (EPL) (S, M, L)

2005

160 & **107** Facilities Provide HIV Care

27 & **21** Facilities Sampled by RAND

17 & **9** Facilities Agree to Participate

2007

181 & **107** Facilities Provide HIV Care

45 & **21** Facilities Sampled by RAND

45 & **21** Facilities to Participate

Number of MMP facilities selected by region for 2005

0 of 7

0 of 4

12 of 65

3 of 10

0 of 15

0 of 4

8 of 43

0 of 5

0 of 2

2 of 11

1 of 13

21 of 107

Number of MMP facilities selected by region for 2006

Third Stage – Patients Selected

Texas: **2005** – **8,645** Total Patients, **150** Sampled. **2007** – **>20,000** Total Patients, **400** Sampled

Houston: **2005** – **3,574** Total Patients, **100** Sampled. **2007** - **>10,000** Total Patients, **400** Sampled

2005

17 & **9** Facilities Submit Patient Lists

8,645 & **3,574** Patients Collected

150 & **100** Patients Sampled by RAND

2007

45 & **21** Facilities to Submit Patient Lists.

Greater than **20,000** & **10,000** Patients to be Collected

400 & **400** Patients to be Sampled by RAND
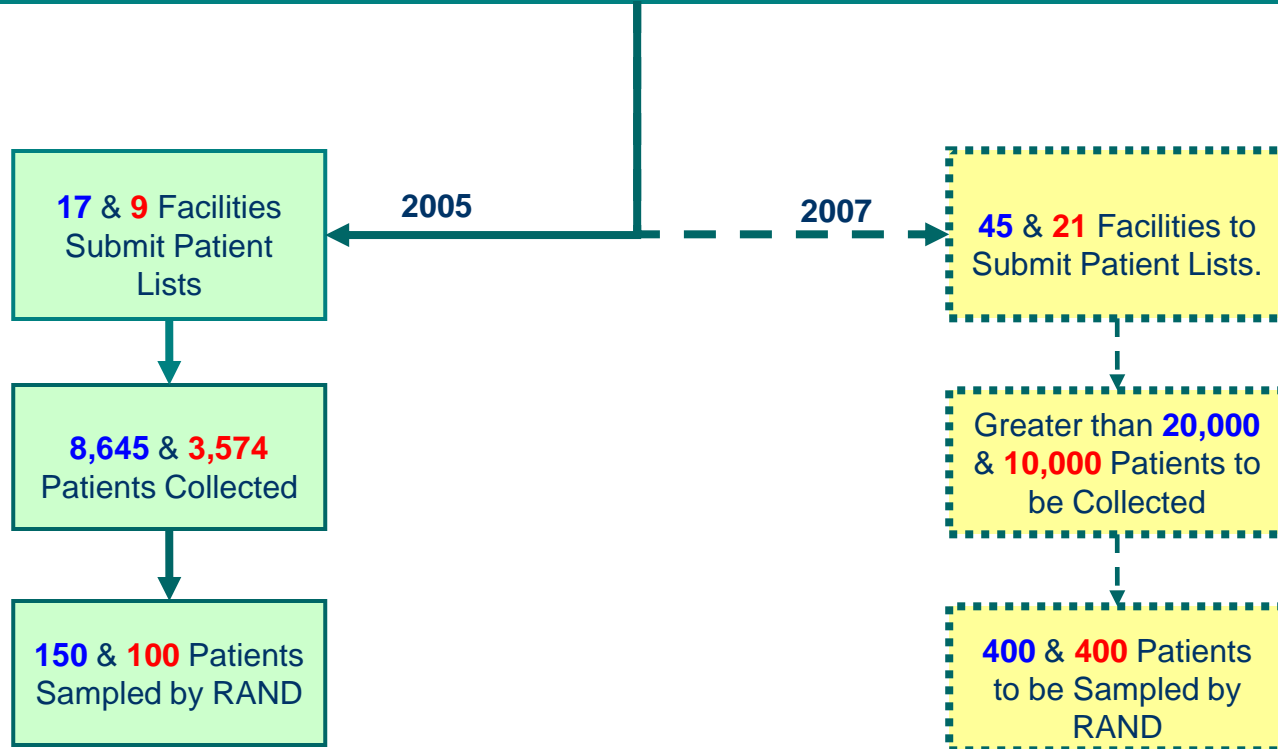
Patient Interview

- Demographics
- Access to Health Care
  - Adherence
- Unmet Needs
- Sexual Behaviors
- Drug Use Behaviors
- Local Questions Module

Medical Chart Abstraction

- ❖ Demographics
- ❖ Insurance Status
- ❖ Opportunistic Illnesses
- ❖ Antiretroviral Therapy
- ❖ Laboratory Data
- ❖ Substance Abuse/Mental Health
- ❖ Referrals to other facilities/services

Local Questions Module

- Captures the health needs and services of local communities
- Based on consumer, provider, stakeholder and community inputs

  <u>Examples:</u>
  - Optimism about the future
  - Role of family in staying healthy
  - Role of CBOs in educating patients
  - Tobacco use and anthropometric measurements
  - Transportation

Electronic data collection

- ❖ Handheld Assisted Personal Interview (HAPI)
  - ▪ Pocket PCs
- ❖ Computer Assisted Personal Interview (CAPI)
  - ▪ Laptops

- ❖ Medical Record Abstraction (MRA) Application
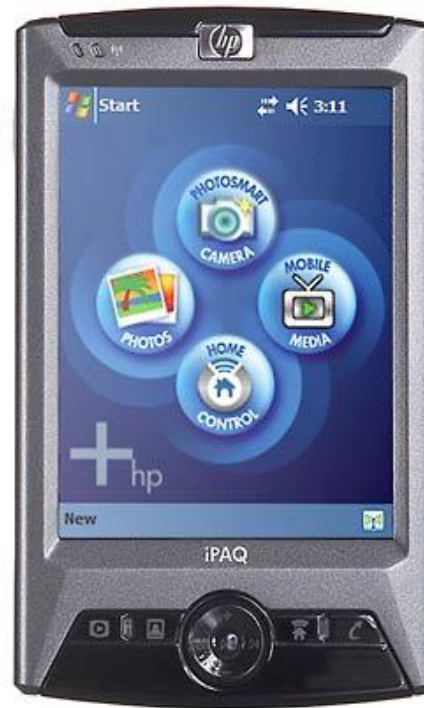
Electronic Data Collection Advantages

❖ Entry of data at time of administration of interview

- No separate data entry (time and costs)

❖ Data quality

- Eliminates skip pattern errors
- Automatic entry/calculation of certain variables
- Simplifies review/standardization of survey

❖ Clean data available almost immediately

- No/minimal data cleaning
- Allows more tools for monitoring of sites and interviewers

Patients Eligible for Interview

❖ Patients HIV+ 18 years of age or older

❖ Patients with HIV seen at the sampled facility during the patient definition period (4 month time period)

Records Eligible for Abstraction

- ❖ Records of interviewed patients at the facility from which they were recruited

- ❖ Records from other facilities at which they received HIV care during the surveillance period

Medical History Form

❖ Clinical information from the period prior to the SP

❖ Have important background information to understand the course of events.

❖ May be incomplete for persons receiving care from more than one facility

Surveillance Period (visit) Form

❖ Information collected includes only visits that occurred during the surveillance period

❖ Abstraction from eligible sites (in addition to one from which patient was recruited)

❖ Abstractors will use one form for each visit the patient had during the surveillance period

Time Periods Covered by Medical Record Abstraction

Medical History Form

Surveillance period form

X

X

X

1st HIV-related visit

12 months

Date of interview
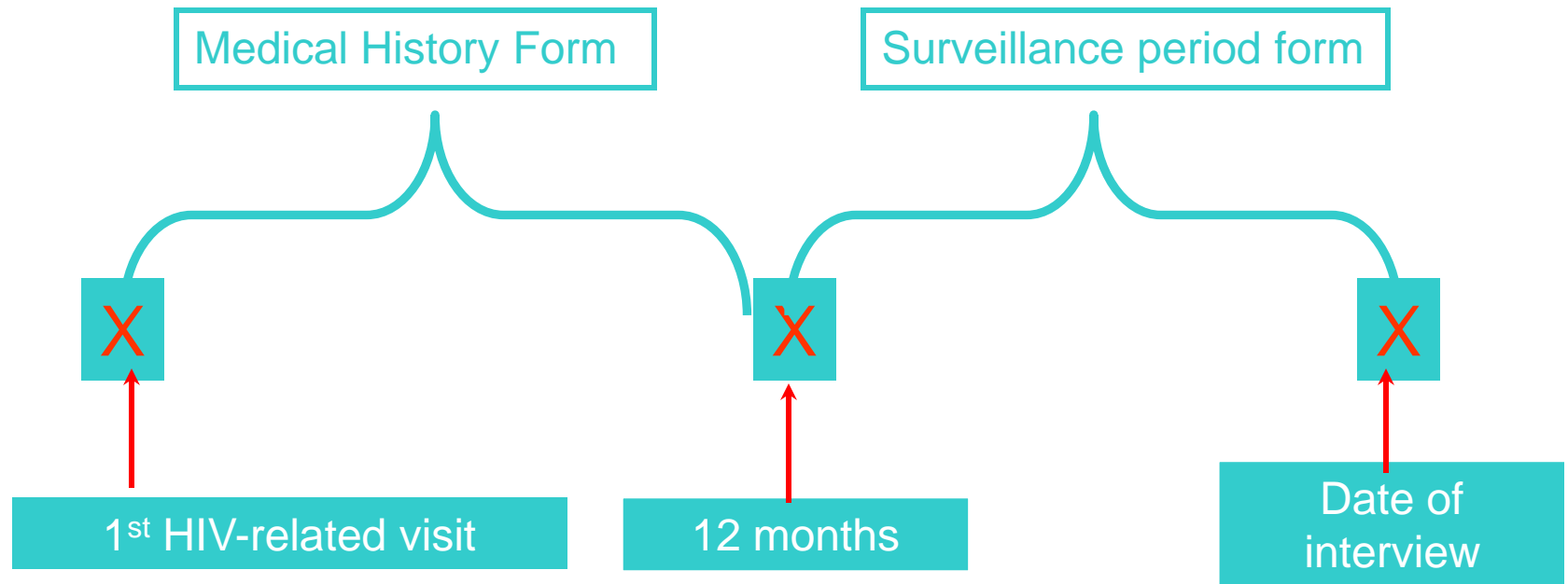
2005 Interview & Chart Abstraction Summary

❖ Interviews Completed
  - ❖ Texas - 84
  - ❖ Houston - 22

❖ Chart Abstractions Completed
  - ❖ Texas - 85
  - ❖ Houston - 74

Linking Interview Data with Medical Record Abstraction Data

- ❖ Two sources increases data completeness
  - ▪ e.g., coverage of influenza vaccination
- ❖ Advance the quality of data available for prevention services
  - ▪ e.g., prevalence of unsafe sexual practice
- ❖ Opportunity to critically evaluate existing methodologies of supplemental surveillance
- ❖ Evaluate the best source of information

Uses of Information from MMP

- ❖ Assess the provision and impact of treatments for HIV

- ❖ Provide local and national estimates for the population in care for HIV

- ❖ Measure health care utilization and ongoing HIV risk behaviors

- ❖ Assess health care seeking behaviors and measure quality of life for PLWHA

- ❖ Use to determine variations of factors by geographic area and patient characteristics

- ❖ Describe acceptance of and adherence to prescribed antiretroviral therapy, locally, statewide and nationally

Uses of Information from MMP (Cont'd)

Local

- ❖ Ryan White reporting requirements
- ❖ Epi profiles
- ❖ Evaluation of local prevention programs
- ❖ Evaluation of resource needs for treatment and care
- ❖ Information on access to care and prevention services

National

- ❖ Healthy People 2010
- ❖ Documentation of impact of Ryan White CARE Act-supported care
- ❖ Treatment Guidelines
  - – Evaluation of compliance
  - – Revisions

Representativeness of Data

The MMP multi-stage sampling method will provide data that is representative at local, state and national levels of:

- ❖ HIV infected adults in care
- ❖ Their Behaviors
  - ▪ Adherence; sexual; drug use; care-seeking
- ❖ Clinical outcomes
  - ▪ Treatment; CD4 and viral load; opportunistic illnesses
- ❖ Type and quality of care received
- ❖ Met and unmet needs for HIV care and prevention services

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